



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800001

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PVT.GEORGE F.SCHINDLER PO.#2547 V.F.W.U.S.INC

DOING BUSINESS A

ADDRESS ALLEN RD & ROCKLAND

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02334

MANAGER: CAMARA, ERNEST TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; 4 ROOMS; KITCHEN; STORAGE ROOM; BAR AREA; HALL; SMALL SECOND FLOOR
USED FOR MISCELLANEOUS STORAGE; BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800002

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STONEHILL COLLEGE INC

DOING BUSINESS AS

ADDRESS 320 WASHINGTON STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02357

MANAGER: DENNING C.S.C., TYPE OF LICENSE: Club
REV. JOHN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO -STORY BUILDING ON THE STONEHILL COLLEGE CAMPUS. IDENTIFIED AS THE
ROCHE DINING COMMONS CONSISTING OF APPROXIMATELY 61,000 SQ. FT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800006

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE COLUMBIAN CORPORATION OF EASTON

DOING BUSINESS AS KNIGHTS OF COLUMBUS BOX #238

ADDRESS 375 FOUNDRY ST.

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: HURLEY, JOSEPH TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

IN ACCORDANCE WITH APPROVED PLANS ON FILE IN THE SELECTMEN'S OFFICE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800007

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANTS OF BOSTON,LLC

DOING BUSINESS A 99 RESTAURANT-PUB

ADDRESS 99 BELMONT STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: Fontneau, Mark J

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

99 BELMONT STREET; 7,500 SQ. FT. BLDGE. 4 MEANS OF EGRESS, SEATING CAPACITY OF 240.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800008

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE FRESH CATCH II, INC

DOING BUSINESS AS FRESH CATCH II, RESTAURANT & SUSHI BAR

ADDRESS 285 WASHINGTON ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: SARRO, WILLIAM TYPE OF LICENSE: Restaurant F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 5200 SQ. FT. OF RESTAURANT SPACE LOCATED ON THE FIRST FLOOR, FRONT AND REAR EXITS.

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LICENSE NUMBER: 036800010

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOLEIGH GROUP INC.

DOING BUSINESS AS PINE OAKS GOLF COURSE

ADDRESS 68 PROSPECT ST.

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: BADER, LEIGH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; NO CELLAR; KITCHEN; LOUNGE, HALL, REST ROOMS; MENS AND LADIES LOCKER ROOMS, SUPPLY ROOM, REPAIR ROOM, KITCHEN, BAR, PRO SHOP; ACCESS AND EXIT THRU PRO SHOP AND LOUNGE; NEW ADDITION; 80 SQ FT ; SERVICE AREA- 500 SQ FT, RETAIL GOLF SHOP

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800011

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EASTON COUNTRY CLUB, LTD.

DOING BUSINESS AS

ADDRESS 265 PURCHASE ST.

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: LOMBARDI,
MARK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXTEND SERVICE AND CONSUMPTION OF ALCOHOL BEYOND THE CURRENTLY
LICENSED CLUBHOUSE AND BANQUET ROOM ONTO THE PLAYING SURFACE OF THE
GOLF COURSE AS DEFINED BY ITS PROPERTY BOUNDARIES...ALL PARKING LOTS AND
THE MAINTENANCE FACILITY AREA WILL BE EXCLUDED...TO INCLUDE LIQUOR
SERVICE TO THE GROUNDS OF THE GOLF COURSE...

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800014

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGIA PIZZA INC.

DOING BUSINESS AS LINDO'S PIZZA

ADDRESS 447 TURNPIKE

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: PANAGOPOULOS, TYPE OF LICENSE: Restaurant
DIMITRIS

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; TWO ROOMS; ONE FOR KITCHEN; ENTRANCE FOR PUBLIC, ENTRANCE AND
EXIT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800017

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PORTICELLO, INC.

DOING BUSINESS A "PORTICELLO RISTORANTE"

ADDRESS 454 TURNPIKE ST.

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: SANFILIPPO,
MARIO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PLANS ON FILE IN SELECTMAN'S OFFICE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800019

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTH EASTON UNION VILLA INC.

DOING BUSINESS AS UNION VILLA

ADDRESS 190 WASHINGTON ST.

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: RICHARD,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; KITCHEN, ROOM W/BAR; CELLAR FOR STORAGE. NEW ADDITION FOR
STORAGE. ADDITION TO BAR AREA. REST ROOM

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800027

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T. DOYLE'S PUB INC

DOING BUSINESS AS TOMMY DOYLE'S PUB EASTON

ADDRESS 956 WASHINGTON ST.

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: DOYLE, THOMAS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; FIVE EXITS; BAR, DINING ROOM; KITCHEN; STORAGE ROOM; PIZZA PICK UP; REST ROOMS

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800034

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MATTHEW AND EMILY, LLC

DOING BUSINESS AS SOUTH EASTON VARIETY

ADDRESS 447 TURNPIKE ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: MIHN LE, CONG

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE LEVEL BLDG APPROX 1500 SQ FT

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800035

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEDELL INC

DOING BUSINESS AS HENNESSY PACKAGE STORE

ADDRESS 589 WASHINGTON ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: PEDELL, BARRY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR AND CELLAR; ONE ROOM FOR SELLING AND 4 ROOMS FOR STORAGE;
CELLAR UNUSED

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800036

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GENDRONS DREAM FORCE INC.

DOING BUSINESS AS SHOVELSHOP SPIRITS

ADDRESS 282 WASHINGTON ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: GENDRON,
KATHERINE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,200 SQ. FT. OF RETAIL SPACE BACK ROOM IS 600 SQ. FT. OF STORAGE. THERE IS AN OFFICE UPSTAIRS THERE IS ONE FRONT ENTRANCE AND ONE REAR ENTRANCE.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800037

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAPARO LIQUORS INC.

DOING BUSINESS AS SCOTT'S FINE WINES & SPIRITS

ADDRESS 669 WASHINGTON ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: PAPARO, R.
SCOTT

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; NO CELLAR; 3 ROOMS; FRONT ROOM FOR SALES; 2 REST ROOMS; ROOM FOR STORAGE WITH ENTRANCES / EXITS FRONT OF STORE AND ONE TO REAR.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800044

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAY EAST, INC.

DOING BUSINESS AS MAY EAST RESTAURANT

ADDRESS 594 WASHINGTON STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: WONG, CRISTO Y. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING AREA, KITCHEN AND STORAGE AREA, STORAGE AREA IN DINING AREA, REST ROOMS, 1 EXIT AND 1 ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800045

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FINMAG, INC.

DOING BUSINESS AS MAGUIRE'S BAR & GRILL

ADDRESS 503 FOUNDRY STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02334

MANAGER: LEVINE, NEIL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING AREA; KITCHEN, LIQUOR STORAGE- 1913 SQ. FT. Outside dining consisting of five 2 person tables

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800046

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHIV OM CORPORATION

DOING BUSINESS AS INDEPENDENT LIQUORS

ADDRESS 503 FOUNDRY STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02334

MANAGER: PATEL, KALPESH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE SPACE OF 4976 SQ FT ON STREET LEVEL WITH ENTRANCE FROM SIDEWALK
LEADING TO PARKING AREA ON FOUNDRY ST...EXIT & DOORS AT REAR TO BACK
PARKING AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800052

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELIZABETH BALL CONSTANTINE

DOING BUSINESS AS TEDESCHI FOOD SHOPS 497

ADDRESS 11 COLUMBUS AVE

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: CONSTANTINE,
ELIZABETH BALL

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH ONE FRONT ENTRANCE AND ONE FRONT EXIT
DOOR. BUILDING HAS TWO REAR EMERGENCY EXITS BUILDING APPROX. 2560 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800055

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUCKY GARDEN CORPORATION

DOING BUSINESS AS HO YON GARDEN RESTAURANT

ADDRESS 620 WASHINGTON ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: VUONG, HUE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FL. RESTAURANT APPROX. 2700 S/F W/ 2 MAIN ENTRY AND 2 EMERGENCY EXITS IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800057

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AJAY VARIETY CORP.

DOING BUSINESS AS HIGHLAND VARIETY

ADDRESS 95 HIGHLAND STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: PATEL,
DASHRATHBHAI

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800058

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILAN A. C. CORP.

DOING BUSINESS AS MARIO'S TRATTORIA

ADDRESS 260 WASHINGTON ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: SANFILIPPO,
MARIO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800059

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R & A, INC

DOING BUSINESS AS POPS

ADDRESS 670 DEPOT ST

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: HAMALIAN,
ROBERT

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800061

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EASTON BEVERAGES, INC

DOING BUSINESS AS THE WINE GUYS

ADDRESS 20 ROCHE BROTHERS WAY

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: BUMPUS, KEITH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY RETAIL STORE IN PLAZA CONSISTING OF 2846 SQ.FT. OF RETAIL SPACE
,COOLER, STORAGE RESTROOM AND OFFICE SPACE SERVICED BY ONE FRONT PUBLIC
RESTROOM ENTRANCE ONE REAR DELIVERY/ EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800063

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STONEFORGE GRILL-EASTON, INC.

DOING BUSINESS AS STONEFORGE GRILL

ADDRESS 10 ROOSEVELT CIRCLE

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: ROLAND,
WILLIAM F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY 7100 S/F WOOD FRAMED BLDG. W/ FULL BASEMENT W/ SERVICE ELEVATOR.
SEATING FOR APPROX. 240 INSIDE AND 50 OUTSIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800064

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMESS. INC

DOING BUSINESS A LOCO

ADDRESS 520 FOUNDRY STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: MESSINGER,
JAMES, L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

facility is a 5,500 sq.ft. building, 40-seat restaurant

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800065

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Café Hayashi, Inc

DOING BUSINESS AS

ADDRESS 447 Turnpike st

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: CHAN, CHIU
CHAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

single floor restaurant with one entrance door in front, one door exiting in rear. Space contains approx 750 sq ft. small bathroom and kitchen

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800066

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARTURO LOPEZ-MICHEL

DOING BUSINESS AS EL MARIACHI MEXICAN RESTAURANT

ADDRESS 620 WASHINGTON STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02375

MANAGER: MICHEL, ARTURO TYPE OF LICENSE: Restaurant
LOPEZ

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A BUILDING DIVIDED IN 2 PLACES..BAR AREA (523 SQ FT) & DINING AREA WITH A KITCHEN (989.15 SQ FT)..TOTAL SQ FT, 1612.45..THERE IS ONE FRONT ENTRANCE & THREE EXIT DOORS, ONE IN THE FRONT BAR SIDE & TWO IN THE REAR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800067

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARAWI INC.

DOING BUSINESS AS WHITE ROSE PANTRY

ADDRESS 277 TURNPIKE STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: MARAWI, JOSEPH TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2400 SF OF RETAIL SPACE LOCATED AT 277 TURNPIKE STREET...LOCATED IN SHOPPING
CENTER WITH FRONT DOOR...REAR DOOR FOR DELIVERIES ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800068

CITY OR TOWN EASTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CORCAIGH INC.

DOING BUSINESS AS HIBERNIA BAR & GRILLE

ADDRESS 402 TURNPIKE STREET

CITY/TOWN: EASTON

STATE: MA

ZIP CODE: 02356

MANAGER: FLYNN,

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

BARTHOLOMEW

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, FRONT ENTRANCE, MAIN RESTAURANT & LOUNGE
AREA. KITCHEN. RESTROOMS. BASEMENT LIQUOR STORAGE AREA; ENTRANCE, WEST
SIDE; .OFFICE WALK IN COOLER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
